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Patient Data Sharing in the Maryland Million Hearts Initiative

Background

Cecil County Health Department:

- One of three counties in Maryland selected to receive original Million Hearts funding in FY14.
- Partnered with the only Federally Qualified Health Center in Cecil County to obtain baseline data on Hypertension control.
- Collaborated with CareSynthesis, the FQHC and their EMR vendor, AthenaHealth, to be the first health care provider office to interface with the Chesapeake Regional Information System for our Patients (CRISP) to send Continuity of Care Documents (CCD's)

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Background

- Cecil County received funding again in FY15
- Hypertension Case Management established and implemented at the FQHC February 2015
- Clients diagnosed with uncontrolled hypertension referred to Hypertension Case Management Program
- Health information technology, CareSynthesis, is designed to facilitate bi-directional data sharing to support care coordination

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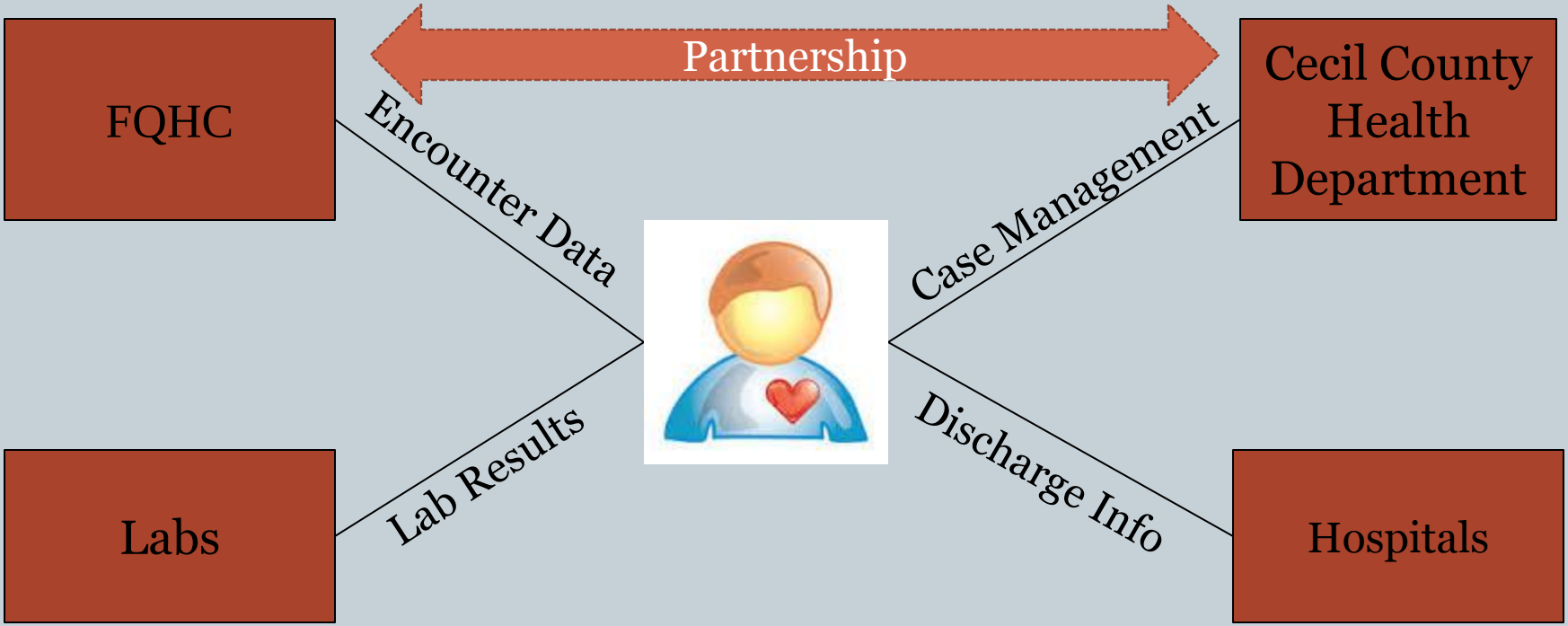
Data Sharing



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Technology Partner

- CareSynthesis is a WEB-Based Case Management System
- Specifically targeted at Care Coordinators, Case Managers and Community Health Workers
- Intended to extend care beyond the exam room into the patient's world
- Designed to bridge the informational gap between the various organizations involved in total patient care

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PHI Data Highway

CRISP

Chesapeake Regional Information System for our Patients

- The Maryland State Health Information Exchange
- Pulls in Personal Health Information (PHI) from
  - All Emergent hospitals (MD, DC and DE)
  - Major Labs
  - Radiology Centers
  - Major EHR vendors (Starting with athenaHealth)
- Provides HIPAA compliant interfaces for Third-Party Systems, i.e., CareSynthesis to automate PHI data gathering through business agreements

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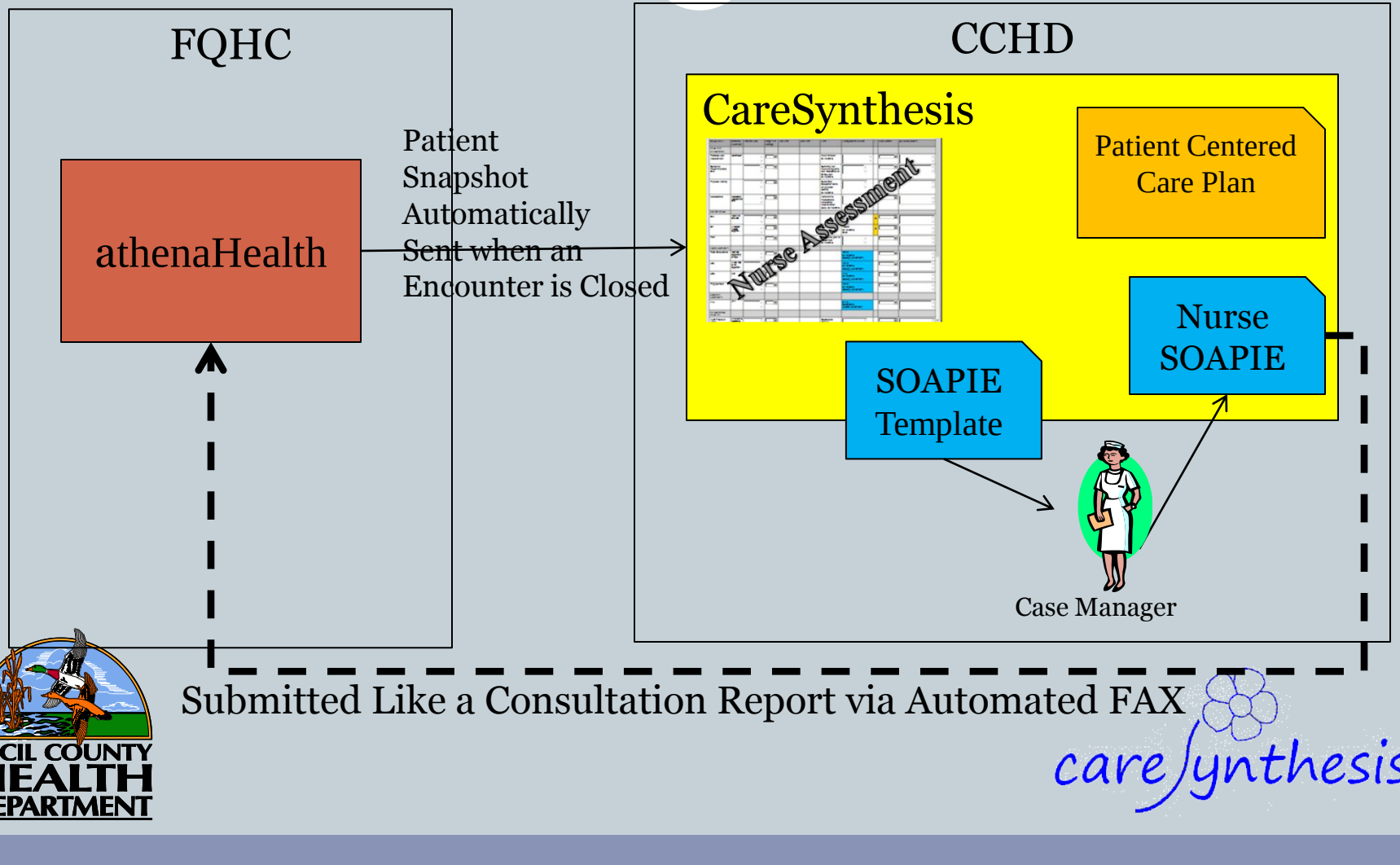
Streamlining Case Management Information Flow



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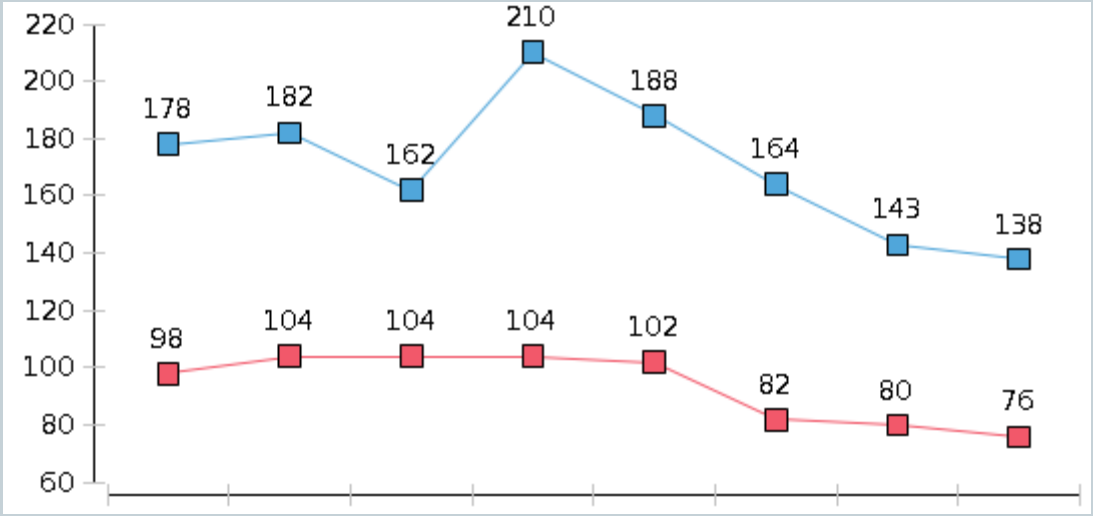
Case Study – Tom

(fictitious name)

- Starts with an Encounter at FQHC
- Case Manager Home Visit (9 days later)
  - Identified 6 Barriers to Care
  - Identified 10 Self Management Goals
- 64 Case Manager Interactions in 4 months
- 2 Hospital Encounters
- Resulting in improved Blood Pressure



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Million Hearts Grant FY15 Results

- From January 1, 2015 to June 30, 2015 , 12 clients were enrolled in Hypertension Case Management (HCM), all with a diagnosis of Hypertension.
- The initial blood pressure readings on clients ranged from 133-200 systolic and 61-119 diastolic
- 50% of HCM clients have reached control
  - defined as < 140/90
- 70% of HCM clients have improved blood pressures
  - Defined by 10 point decrease, systolic or diastolic, in two consecutive readings

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Conclusions

- The use of Information Technology can enhance team-oriented patient centered care by facilitating medical & case management information flow
- Adding a dedicated Case Management system helps to augment an EHR by handling non-clinical data such as barriers to care and social interventions to treat the whole patient
- This is a pilot program and still under development

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